

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213522595</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>CARILION FRANKLIN MEMORIAL HOSPITAL</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>BRIGGS W ANDREWS</b>  <b>CARILION HEALTH SYSTEM 213 S JEFFERSON ST</b>  <b>STE 720 / PO BOX 40032</b></p> <p><b>ROANOKE, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ROANOKE CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2013</b></p> <p>SCC ID NO: <b>00555912</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 180 FLOYD AVE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ROCKY MOUNT, VA 24151</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RONALD C. EVANS  TITLE: PRESIDENT  ADDRESS: 545 RIVERBEND DRIVE  CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER      <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RONALD C. EVANS TITLE: PRESIDENT ADDRESS: 545 RIVERBEND DRIVE CITY/ST/ZIP/CO: ROCKY MOUNT, VA 24151	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM R. KINGERY, JR. DIRECTOR 580 KIN VALE ROAD ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE A. PETERS DIRECTOR 365 PETERS PIKE ROAD WIRTZ, VA 24184	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF POWELL DIRECTOR 260 WEAVER STREET ROCKY MOUNT, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Christine Barrett, M.D. Pres Med Staff Carilion Franklin Memorial Hospital 180 Floyd Avenue Rocky Mount, VA 24151	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Church, Ph.D. DIRECTOR 1125 Bluewater Drive Moneta, VA 24121	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Anil Suwal, M.D. DIRECTOR 30 Brookshire Drive Rocky Mount, VA 24151	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald B Halliwill ASST TREASURER 6140 Morning Glory Drive Roanoke, VA 24012	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RACHEL L. MABE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RACHEL L. MABE, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	5/14/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			